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CONFIRMATION NO. 3275

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|---|---|-----------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 10/627,503 | FILING OR 371(c) DATE 07/25/2003 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 14206/67498 | |
| APPLICANTS Stephane Bedard, Saint-Augustin-de-Desmaures, CANADA; ** CONTINUING DATA ***** This appln claims benefit of 60/405,281 08/22/2002 <i>SM 9-5-06</i> ** FOREIGN APPLICATIONS ***** <i>NONE SM 9-5-06</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/23/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>SM</i> Examiner's Signature Initials | | STATE OR COUNTRY CANADA | SHEETS DRAWING 9 | TOTAL CLAIMS 72 | INDEPENDENT CLAIMS 3 |
| ADDRESS 26869 | | | | | |
| TITLE Positioning of lower extremities artificial proprioceptors | | | | | |
| FILING FEE RECEIVED 2136 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |